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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/225,583 01/05/1999 PAT 6,387,331
 and claims benefit of 60/071,179 01/12/1998
 and claims benefit of 60/239,538 10/10/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ****

** 07/06/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	27	26	13
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

2101

TITLE

METHODS FOR SCREENING SUBSTANCES IN A MICROWELL ARRAY

FILING FEE RECEIVED 2084	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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